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HAZARDOUS MATERIALS MANAGEMENT SECTION 744 P Street Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

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(Please	print or type with ELITE type (12 characters per inch).	TE ID NUMI	BER 82	27779	
	GENERATOR NAME AND MAILING ADDRESS Oil & Solvent Process Company Tel-213 334-5117	MANIFEST	EST DOCUMENT NUMBER		
	Oil & Solvent Process Company St. J.		NUMBER	-	
BE FILLED IN BY THE GENERATOR		n in i ài s	30 2 90 3		
	TRANSPORTER NO. 1 VEH./CONTAIN		EPA ID NU		
	Oil & Solvent Process Company 1704 W. First Street, Azusa, Ca 111 23 26 C AD 0 08 3 02 9 03				
	1704 W. First Street, Azusa, Ca	20 U F	EPA ID NU	MBER	
		\ <u></u>			
	TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY				
	Omega Chemical Company Tel-213 698-0991	<u> </u>	EPA ID NUMBER		
	12504 E. Whittier Blvd				
	AREA CODE/PHONE NUMBER Whittier, Calif. 90602		$D_10_142_12_1$		
	PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS UN/NA NUMBER QUANTI		CONTAINER NO. TYPE	WASTE CAT. NO.	
	Orm-e				
	Hazardous Waste Liquid N.O.S. UN9 1 89 1416	17 G	0130 DIM	21 1	
	COMPONENTS	CONC. UPPER	RANGE LOWER	UNITS % ppm	
	Trichlortriflouoroethane	98	94	X	
-T	Methanol/Ethanol	2	0	X	
	Water/Dirt/Oil	2	0	X	
			0	<u> </u>	
	Mille 15630 lon				
	Gloves & Goggles				
	This is to certify that the above-named materials are properly classified, described, packaged, marked	and labeled as	nd are in Droper of	andition for trans	
	portation according to the applicable regulations of the Department of Transportation and the EPA.				
	Betty Peckham Rittin MCC/2A	am	мо.	DAY YR.	
	PRINTED OR TYPED FULL NAME AND SIGNATURE		<u> </u>	30 8 3	
	CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS				
TO BE FILLED IN BY TRANSPORTER	TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS		DATE REC'	D & ACCEPTED	
	Jim Hartman-Driver OSCO		MO.	DAY YR.	
	PRINTED OR TYPED FULL NAME AND SIGNATURE	`		عام العام	
	TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS		DATE REC	D & ACCEPTED	
			MO.	DAY YR.	
-	PRINTED OR TYPED FULL NAME AND SIGNATURE				
	DISCREPANCY INDICATION SPACE				
즲핏					
FIL					
TO BE FILLED IN BY TSDF	Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted DATE REC'D & ACCEPTED in the discrepancy indication space and over Note: TSDF must complete waste number. See instructions.				
2=	CTEUE CIMATER (30) A. EPAID NUMBER MO. DAY YR.				
	PRINTED OR PUPED FULLWAME BY SHEARCH WILL OF ADVITUTE	4500	103	30 83	